



British Heart  
Foundation

SCOTLAND

# WINTER WARMER 5/10K

Edinburgh, 31<sup>st</sup> October 2010

For more information call **0808 100 2109**

email [scotlandevents@bhf.org.uk](mailto:scotlandevents@bhf.org.uk) or visit [bhf.org.uk/winterwarmer](http://bhf.org.uk/winterwarmer)



HAVE FUN, GET FIT, SAVE LIVES!

Fundraising  
Standards Board

## Entry form

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Mobile Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Have you been touched by heart disease or are you trying to lead a healthy lifestyle?

Would you be willing to tell us your story?  yes  no

Route Option/Distance \_\_\_\_\_ How much do you pledge to fundraise? \_\_\_\_\_

Please tick T-shirt size required S  M  L  XL  *Suggested minimum £20*

I enclose a cheque for £ \_\_\_\_\_ (minimum £10 registration)

Closing date for us to receive postal entries is 18 October 2010

Please send cheques payable to *British Heart Foundation* to:

**Events Team, PO Box 13039, Birmingham B25 9BG**

If you would like to pay by credit card – go on line at [bhf.org.uk/winterwarmer](http://bhf.org.uk/winterwarmer) to register

By telling us how you heard about this event you will save us money! Please tick one of the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Taken part in a BHF event before | <input type="checkbox"/> BHF website      | <input type="checkbox"/> Lloyds Banking Group                                 |
| <input type="checkbox"/> Postal mailing from the BHF      | <input type="checkbox"/> Other website    | <input type="checkbox"/> Argos  |
| <input type="checkbox"/> Poster/Leaflet                   | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Homebase   |
| <input type="checkbox"/> Magazine                         | <input type="checkbox"/> E-mail promotion | <input type="checkbox"/> Other Company _____<br><i>(please complete name)</i> |

### Declaration

I understand that if I am in doubt about my health or have a medical condition that could be affected by exercise, particularly a heart condition, I should obtain my doctor's approval before participation in a BHF event which involves exercise.

I understand that participants under the age of 16 years must be accompanied by an adult and an adult will supply written permission for their participation.

Children must be over 14 years of age to participate in the 10k.

I acknowledge that I participate in this event at my own risk and that the BHF cannot be held liable for any injury, loss or damage caused or sustained as a result of my participation.

I confirm that I will abide by all the rules and regulations set out by the BHF for participating safely in this event.

BHF does not arrange personal accident or any other insurance cover for participants in our events. You should consider whether you need financial protection should an accident occur and if so, then BHF recommend that you contact an insurance broker or another suitably qualified professional who is authorised by the Financial Services Authority.

I understand this is a British heart Foundation event and pledge to raise as much sponsorship as possible for the BHF only and that entry fees are nonrefundable as they cover the cost of administering the event.

I understand that the BHF may take photographs of me taking part in this event and permit them to use the images for promotional purposes; if signing for a child I give permission to use their image.

If I have registered other participants on their behalf I have done so with their permission and I will show them a copy of the Terms and Conditions for the event, when I receive this by post or email. If they do not agree with the Terms and Conditions they will withdraw their registration and not participate in the event.

Details of participants may be passed on to relevant third parties (such as St John Ambulance, hospitals etc) so that in the event of illness or injury occurring during the event they can administer first aid more effectively and contact relatives/friends if necessary.

Signature: \_\_\_\_\_